

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

FILING FEE: \$30 Make check payable to **SECRETARY OF STATE**

1. Corporate ID and Name:

FILE DATE _____
RECEIPT NO _____

Telephone # _____
FAX # _____

FILING DATE: Due during the month
the Certificate of Incorporation was
issued, and delinquent after the last
day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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3. The name of the South Dakota Registered Agent _____

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input type="checkbox"/>	_____ President	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	_____ Vice President	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	_____ Secretary	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	_____ Treasurer	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	_____ Director	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	_____ Director	Street Address	City	State	ZIP+4
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Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)